

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 575818

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
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TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	↔		24	↔	↔	
TOTAL CLAIMS		████████	26	████████	████████	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓				↓
TOTAL DEP.	↔		↔	↔	↔	↔
TOTAL CLAIMS		████████		████████	████████	████████